

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 1/15/04 2 Serial/Patent # 09 575,181

3 Please refund the following fee(s):

4 PAPER
NUMBER5 DATE
FILED

6 AMOUNT

Filing

Amendment

L Extension of Time

Notice of Appeal/Appeal

Petition

Issue

Cert of Correction/Terminal Disc.

Maintenance

Assignment

Other

\$

\$

\$ 840.

\$

\$

\$

\$

\$

\$

\$

\$

7 TOTAL AMOUNT
OF REFUND

\$ 840.

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9

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10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

Extension of Time filed after six-month statutory period
for reply.

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

SIGNATURE: L. BOND

TITLE: P.S.

PHONE: 308-6911

OFFICE: Office of Patents

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: [Signature]

DATE: 1/14/04

Instructions for completion of this form appear on the back. After completion, attach
white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B